

## CHAPTER 31

### SECURITY

#### STANDARD OPERATING PROCEDURE

#### 500 BED FLEET HOSPITAL

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500 BED FLEET HOSPITAL  
STANDARD OPERATING PROCEDURES  
SECURITY DIVISION

A. **MISSION:** Provide internal and external security.

B. **FUNCTION:**

1. Internal and external security control.
2. Traffic control.
3. Weapons control.
4. Process intelligence data.

C. **PHYSICAL DESCRIPTION:**

Weapons/MAA Shack.

1. Location within complex:
2. Sheltering.

Type: 1:1 ISO shelter

Quantity: 1

3. Material.

IOL:

D. **SPECIAL CONSIDERATIONS:**

1. Limited available space to store weapons (safes for bolts and firing pins shipping containers available for weapons).

2. An explosive ordinance disposal expert will be assigned each watch.

E. **WORKLOAD:**

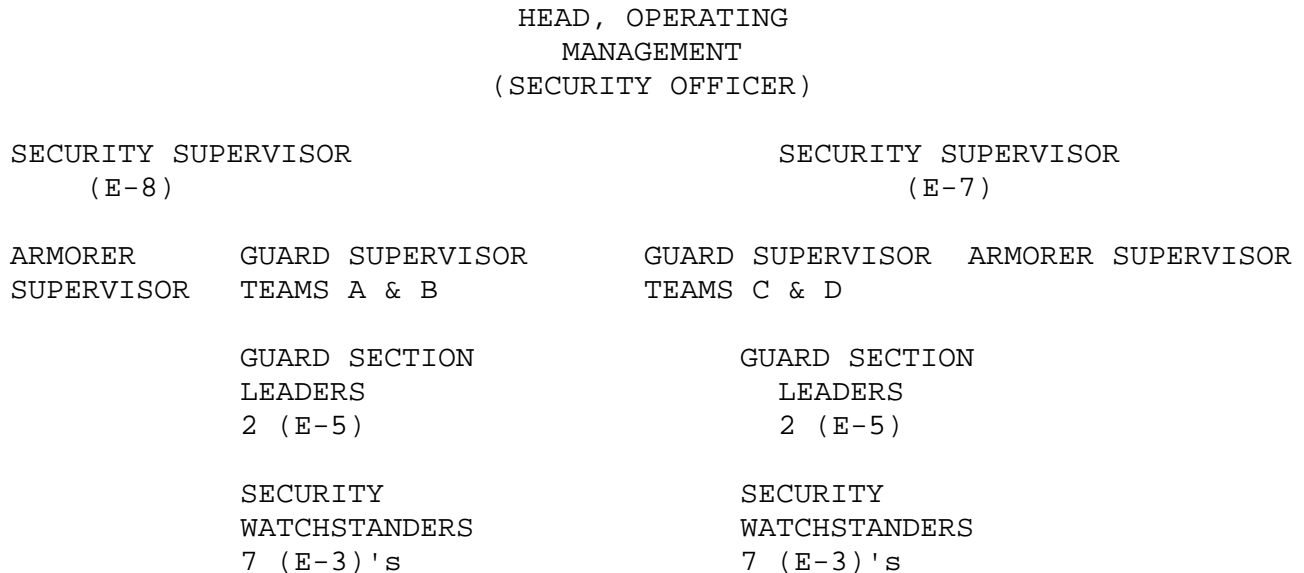
1. During normal operations Security Division will stand all internal and external security watches.

2. During increased threat or attack, Security Division will direct augmenting hospital personnel in forming defensive forces for hospital.

F. ORGANIZATION:

1. Responsibility. The Security Supervisor, who reports to Head, Operating Management Department, is assigned overall management responsibility. The division mans three areas of responsibility; internal and external security including P.O.W.'s, traffic control, and weapons control. Traffic control will be conducted as needed. Weapons will be controlled by duty armorer in security control space.

2. Organizational Chart.



3. Staffing:

(a) Criteria:

(1) Two 12 hour watches.

(2) Area manning priorities change as situations dictate.

Manning for areas of responsibility is a guideline for static operations.

(3) MAA's will direct charge of hospital personnel reporting to defensive stations during events such as perimeter defense, fire fighting etc.

(4) All security personnel will be weapons qualified.

(5) All security personnel will be able to operate radios including authenticating.

(6) An explosives ordnance disposal expert will be assigned to each watch.

(b) Staffing Pattern.

(1) General Staffing.	AM <u>Watch</u>	Night <u>Watch</u>	Total <u>Assigned</u>
Security Supervisor	1 (E-8)	-	1(perm days)
Security Supervisor	-	1 (E-7)	1(perm PMS)
Guard Supervisor (Mobile)	1 (E-6)	1 (E-6)	2
Guard Section Leaders (Mobile/fixed)	2 (E-5)	2 (E-5)	4
Armorer (Mobile/fixed)	1 (E-6)	1 (E-5)	2
Security Watchstanders (Fixed)	13 (E-3)	12 (E-3)	25

(2) Security Response Team Staffing.

<u>Title</u>	<u>Billet #</u>	<u>Rank</u>
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**PORT**

TEAM A  
(Primary)

Team Leader	17059	E-6
General Supply	17085	E-4

TEAM B  
(Back up)

Team Leader	17079	E-5
Mobile Patrol	17101	E-3

**STARBOARD**

TEAM C  
(Primary)

Team Leader	17061	E-6
Guard Supv	17081	E-4

TEAM D  
(Backup)

Team Leader	17083	E-5
Mobile Patrol	17099	E-3

\* Note: Armorers can act as part of response teams.  
N/A

4. Assignment by Billet Sequence Code: See TAB A, page 17

5. Watch Bill: See TAB B, page 18

6. Special Watches: N/A

G. **TASKS:**

TASK	METHOD
1. ESTABLISH GENERAL SECURITY PLAN	1.1 The Head Operating Management Services Department will ensure security of the hospital compound. Toward that end, he will:  1.1.A Identify entry/exit point for hospital complex.  1.1.B Identify access points to communications, weapons storage, fuel storage, etc.  1.2. Identify areas for roadblocks, bunkers, listening posts, and coordinate with attendant wire/phone and radio requirements.  1.2.A Establish perimeter security.  1.2.B Develop security plan.  1.2.C Implement perimeter defense plan.

Security assistance must be augmented by non-medical staff to man external and internal security.

1.2.D Provide traffic control to, from, and within hospital area.

1.2.E In concert with Public Works staff, construct physical barriers such as concertina wire, defensive positions, shelters, and road blocks.

1.2.F Maintain fixed watches and roving patrols.

1.3. Serve as point of contact with adjacent and forward units to coordinate intelligence and security.

1.3.A Develop reaction plans for passive defense of hospital against air, ground, artillery, and terrorist attack. (See NAVEDTRA 10256, Vol. 2).

1.4. Support litter teams and fire fighting.

## 2. OPERATE SECURITY CONTROL

2.1 Security control will be manned by the Security Supervisor of the watch and will:

2.1.A Direct security operations.

2.1.B Assist guard supervisors.

2.1.C Control entry into security control spaces.

- 2.1.D Identify and implement response options to unfolding events.
  - 2.1.E Operate Security Division radio net in coordination with Communication Division.  
(See Chapter 7)
  - 2.1.F Operate armory. (See TAB C-3)
- 3. MANAGE ENEMY PRISONERS OF WAR (EPWs) AND EPW CIVILIAN INTERNEES (CIs)
  - 3.1 Casualty Receiving will notify Security of the arrival of any EPW or CI. Upon such notification, a Security Watchstander will:
    - 3.1.A Report to and remain with the patient until relieved.
    - 3.1.B Remove patient to a safe distance and search for explosive devices, weapons, and material of intelligence value.
    - 3.1.C Notify EOD team if material(s) found requires special handling.
    - 3.1.D Ensure that material removed is tagged and labeled with the appropriate patient classification (EPW or CI) by Patient Administration (see Chapter 25). Items may be stored with other patients' effects unless contraindicated.
- 4. INTERROGATE AND CONFINE EPWs and CIs
  - 4.1 Custodial and medical treatment of EPWs and CIs will be confined to those permitted by Geneva Convention.



- 4.2 Security personnel, and no others, may interrogate EPWs and CIs.
    - 4.2.A Confine interrogations to that degree necessary to protect staff and patients.
  - 4.3 To that extent physically and operationally possible, segregate EPW's and CI's.
  - 4.4 Monitor status to patient(s) is(are) evacuated as early medically possible.
    - 4.4.A Security watchstanders will be assigned to assist ward staff in preparing EPWs and CIs for evacuation and/or transfer.
5. CONTROL STAFF AND PATIENT'S WEAPONS
- 5.1 Armorers located in security control spaces will issue and collect weapons. They will:
    - 5.1.A Account for weapons issue and collection in the Weapons Control Log.
  - 5.2 Issue a weapon to each staff member assigned a defensive role requiring small arms (Rosters provided by Department Heads). All others require individual and express approval of the CO. (See TAB C-3)
    - 5.2.A Conduct refresher familiarization courses for all staff issued weapons.

- 5.3 A security watchstander will collect patient weapons.
- 5.3.A Record serial numbers in a "Patient's Weapons Control Log" maintained in Security Control. (See TAB F-8)
- 5.3.B Remove confiscated weapons to Security Division area and clear.
- 5.3.C Store confiscated weapons separate from organic weapons. (See TAB F-9)
- 5.3.D Reissue weapons to discharged patients as directed by Head, Patient Administration Division.
- 6. CONDUCT PERIMETER DEFENSE
  - 6.1 The perimeter, as defined is manned IAW Security Watchbill.
  - 6.2 Perimeter Guard Watchstanders will:
    - 6.2.A Ensure that each fortification and perimeter entry point is developed to the maximum extent practicable.
    - 6.2.B Establish and maintain communications with Security Control. (See Chapter 7 for Communications Plan details.)
    - 6.2.C Remain at assigned post until properly relieved. (See TAB C-4)
    - 6.2.D Challenge anyone approaching perimeter or

other secure areas.

6.2.E Report any contacts to security control and OOD immediately.

6.2.F React to ground attack by activating watchbills and following procedures contained in NAVEDTRA 10256.

6.2.G React to air attack by activating watchbills and following procedures contained in NAVEDTRA 10256.

6.2.H React to artillery attack by activating watchbills and following procedures contained in NAVEDTRA 10256.

6.2.I React to terrorist attack by activating watchbills and following procedures contained in NAVEDTRA 10256.

7. COORDINATE 7.1  
INTERNAL SECURITY

Primary responsibility for internal security rests with those responsible for the space.

7.1.A Security Division will support by mobile patrols. Security response teams will respond to reported problems.

7.2 Each department head will determine areas subject to restricted entry or increased security levels.

7.2.A An access roster listing persons authorized entrance to area will be posted near entrance to these spaces; persons will be logged in and out (See TAB F-4)

7.2.B Weapons, if and when required, will be issued only by Security Division armorers upon authorization of the CO. Risk areas will have an armed watchstander. (See TAB C-3)

7.2.C Communication links with Security Division will be tested at the beginning of each watch.

7.2.D Security will be immediately notified of any individual detained within a department.

8. PROVIDE MOBILE  
(SRTs)  
SECURITY RESPONSE  
TEAMS

8.1 Security Response Teams in radio-equipped vehicles will patrol hospital interior and perimeter as needed.

8.1.A One or two 2-man patrols will be assigned each watch based on security needs. The guard supervisor will be one of the members.

8.2 Prior to each watch, the Duty Security Supervisor will:

- Identify security priority areas.

- Develop SRT patrol routes that emphasize surveillance of those areas.
- Identify specific check points along patrol routes.
- Vary those routes and arrival times at designated check points.
- Develop recovery plans and designate personnel to react in case of trouble.
- Brief SRT members regarding routes, coordinating instructions, and areas of special interest.

8.3 SRT members will:

- Be armed with M-16 or shotgun.
- Check out assigned vehicle from dispatcher.
- Obtain hand held radio.
- Maintain constant communications with Security Division Control.
- Report casualties, destruction of property, and/or compromised security to Security Control.

8.4 SRT members must be familiar with:

- Pre-designated primary and alternate routes,

both for routine patrols and those used in response to a threat.

- Appropriate levels of response and deployment procedures required to neutralize encountered threats.

- Fire arms use and safety policies.

- Individual and squad tactics used to exploit available cover and concealment and movement to contact.

8.5 Security Control will:

- Keep the Command Duty Officer informed of security concerns.

- Log times at which SRTs arrive and depart each designated check point.  
(See TAB F-5)

- Coordinate patrol activity.

- Debrief each patrol at the end of each watch.

9. WEAPONS AND AMMUNITION STORAGE

9.1 The hospital armorer is responsible for maintaining and accounting for all assigned weapons and ammunition. Towards that end, he will ensure that:

9.1.A All arms racks and containers are locked with approved

locking devices when not  
in use. (See TAB C-3)

9.1.B Arms racks are fastened  
together and to the  
bulkheads and decks of  
storage containers.

9.1.C Hinge pins on locking  
bars are welded to  
prevent easy removal.

9.2 Only authorized keys and  
locks will be used to  
safeguard weapons. The  
following control  
procedures will be  
followed. (See TAB C-3)

9.2.A Keys to arms containers  
and racks will be stored  
in the MAA department and  
separate from other keys.

9.2.B Only individuals  
authorized these keys  
will be allowed access.

9.2.C List those authorized  
keys on a register kept  
by MAA force.

9.2.D Keep the number of keys  
to a minimum.

9.2.E Control keys by  
maintaining a register.

9.2.F Lock padlocks to  
container hasp  
when container is open.

9.2.G Maintain keys and locks  
for containers and  
storage racks as  
directed in TAB C-3.

9.3 Lock in a secure

container all tools  
located in the area of  
the weapons and  
ammunition storage.

9.4 Store pistols as outlined  
in TAB C-3.

9.5 Sandbag ammunition  
storage areas. (See TAB  
C-3)

## 10. WEAPONS ISSUE

10.1 Issue weapons as follows:

10.1.A Issue weapons for air  
detachment and advance  
party upon notification  
of deployment.

10.1.B Issue of weapons and  
ammunition will be  
accomplished upon  
presentation of weapons  
and by individual to  
armorer.

10.2 Draw ammunition in  
amounts designated by the  
Commanding Officer.

10.3 Store weapons for main  
body personnel in armory,  
except for times and  
persons identified by  
Security Officer. (See  
TAB C-3.)

10.4 No weapon will be  
evacuated on airplane/  
helicopter with patient.

## 11. ESTABLISHING ARMORY

11.1 Establish armory as follows:

11.1.A Locate near MAA spaces.

**NOTE:** Weapons and forms  
shelter may need to be  
modified. (See TAB C-3)



- 11.1.B Use armory only to secure small arms. (See TAB C-3)
  - 11.2 Use one or more separate containers for storage of ammunition.
  - 11.3 Place a clearing barrel outside armory.  
(See TAB C-3)
  - 11.3.A Place clearing barrels by each entrance to hospital compound.
  - 11.3.B Clear weapons and lock open bolts will be required while in hospital area and for presentation to armory for storage. Excepted are Security Personnel on duty.
- 12. REMOVE UNEXPLODED ORDNANCE IN PATIENT
  - 12.1 Assist in removal of unexploded ordnance embedded inpatient IAW TAB C-5.
    - 12.1.A Identify ordnance.
    - 12.1.B Assist with safe removal.
- H. **STANDARD OPERATING PROCEDURES:** See TAB C, page 19.
- I. **CLINICAL POLICIES/GUIDELINES:** N/A
- J. **STANDARDS AND JOB DESCRIPTIONS:** See TAB D, page 56.
- K. **DOCUMENTATION:**
  - 1. References: See TAB E, page 62.
  - 2. Forms See TAB F, page 65.

**TAB A**

**ASSIGNMENTS BY BILLET SEQUENCE CODE**

Department: SECURITY DIVISION

Billet Number	Title	Designator	Rank/ Rate	Watch Section
17019	SECURITY SUPERVISOR	0000/MA	E-8	PERM DAYS
17039	GUARD CHIEF	0000/MA	E-7	PERM DAYS
17059	GUARD SUPERVISOR	0000/MA	E-6	1
17061	GUARD SUPERVISOR	0000/MA	E-6	2
17079	GUARD SECTION LEADER	0000/MA	E-5	1
17081	GUARD SECTION LEADER	0000/MA	E-5	2
17083	GUARD SECTION LEADER	0000/MA	E-5	1
17085	GUARD SECTION LEADER	0000/MA	E-5	2
17099	WATCHSTANDER	0000/SN	E-3	1
17101	WATCHSTANDER	0000/SN	E-3	2
17102	WATCHSTANDER	0000/SN	E-3	1
17103	WATCHSTANDER	0000/SN	E-3	2
17104	WATCHSTANDER	0000/SN	E-3	1
17105	WATCHSTANDER	0000/SN	E-3	2
17107	WATCHSTANDER	0000/SN	E-3	1
17109	WATCHSTANDER	0000/SN	E-3	2
17111	WATCHSTANDER	0000/SN	E-3	1
17113	WATCHSTANDER	0000/SN	E-3	2
17115	WATCHSTANDER	0000/SN	E-3	1
17117	WATCHSTANDER	0000/SN	E-3	2
17121	WATCHSTANDER	0000/SN	E-3	1
17123	WATCHSTANDER	0000/SN	E-3	2
17125	WATCHSTANDER	0000/SN	E-3	1
17127	WATCHSTANDER	0000/SN	E-3	2
17129	WATCHSTANDER	0000/SN	E-3	1
17131	WATCHSTANDER	0000/SN	E-3	2
17133	WATCHSTANDER	0000/SN	E-3	1
17135	WATCHSTANDER	0000/SN	E-3	2
17137	WATCHSTANDER	0000/SN	E-3	1
17141	WATCHSTANDER	0000/SN	E-3	2
17143	WATCHSTANDER	0000/SN	E-3	1
17145	WATCHSTANDER	0000/SN	E-3	2
17147	WATCHSTANDER	0000/SN	E-3	1
17419	ARMORER SUPERVISOR	0812/GM	E-6	1
17439	ARMORER	0812/GM	E-5	2

**TAB B**

**WATCH BILL**

Section	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
<u>M</u>																					

1. Security Response Team (S.R. Teams).

<b>TEAM "A"</b>	A	A	A	A	A	A	E	P	P	P	P	P	P	E	A	A	A	A	A	A	E
P																					
<b>TEAM "B"</b>	E	D	D	D	D	D	A	E	D	D	D	D	D	P	E	D	D	D	D	D	P
E																					
<b>TEAM "C"</b>	P	P	P	P	P	P	E	A	A	A	A	A	A	E	P	P	P	P	P	P	E
A																					
<b>TEAM "D"</b>	E	D	D	D	D	D	P	E	D	D	D	D	D	A	D	D	D	D	D	D	A
E																					

2. Security Watchstanders.

<b>PORT</b>	A	A	A	A	A	A	E	P	P	P	P	P	P	E	A	A	A	A	A	A	E
P																					
								*						*							*
<b>STARBOARD</b>	P	P	P	P	P	E	A	A	A	A	A	A	E	P	P	P	P	P	P	E	A
A																					

\* = Dog Watch - SR Teams "B" and "D" will augment fixed watches when possible to eliminate need for Dogged Watches.

KEY:

A = 0700-1900.

P = 1900-0700.

E = Excused.

D = Duty (SRT Backup) - Stand watch as directed by Security

Supervisor.

\* = Call.

**TAB C**

**STANDARD OPERATING PROCEDURES**

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**TAB C-1**

**TRAFFIC CONTROL PLAN**

A. **PURPOSE:** To establish control of vehicular and air traffic to, from, and within hospital area.

B. **DEFINITION:** Use of road blocks, signs, radios and traffic directors to control traffic thereby creating a safe and secure hospital area.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Signs (locally produced).
2. Radios.
3. Traffic control log.

D. **CRITERIA:**

1. Local traffic is controlled by MAA personnel under control of Operating Management Services Department.

2. Traffic on main supply routes is coordinated through area Military Police (e.g., supply runs, ambulance runs).

E. **STEPS:**

1. Establish road blocks.

(a) At all vehicular access points.

(b) With sufficient, adjacent off-road holding areas to permit routinely authorized traffic to pass while other traffic is detained and inspected.

(c) Equipped with sufficient lighting to permit night operations during other than blackout periods.

2. Operate roadblocks.

(a) Positively identify all vehicles and occupants.

(b) Authorize entry to those listed in access rosters.

(c) Detain all others. Advise Security Control of arrival and intended destination and detain until access

authority is obtained.

(d) Visually inspect contents of all vehicles; search as directed by Security Control.

(e) Log all arrivals not contained in Access Rosters in Traffic Control Log. (See TAB F-6)

### 3. Notes.

(a) Road blocks should be manned by two (2) sentries, one to cover vehicle while second approaches.

(b) Locate and construct road block so traffic cannot skirt or avoid but can bypass with permission or turn around.

(c) Detentions should be as brief as possible to minimize potential exposure to enemy activity.

## TAB C-2

### PERIMETER DEFENSE

A. **PURPOSE:** To provide a range of options and precautions that may be exercised in the event of an enemy threat to the hospital compound.

B. **DEFINITION:**

A range of passive and active defense measures that may be taken to:

1. Provide advance warning of approaching personnel or equipment.
2. Provide first line defense against ground attack.
3. Provide limited firepower against air attack.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Back hoe.
2. Timber.
3. Weapons (if available).
4. Telephone.
5. Camouflage (if available).

D. **CRITERIA:**

1. When the hospital is collocated with other units, the perimeter of hospital will usually be part of a larger one.
2. When operating independently the hospital will provide organic security.
3. Perimeter is manned during increased threat conditions as directed by Commanding Officer. Entrance and exit points are manned at all times.

E. **STEPS:**

1. Air Detachment operations.

(a) Determine extent of perimeter defense requirements based upon tactical situation.



(b) Establish and activate requisite perimeter defense upon arrival.

2. Characteristics of perimeter defense positions.

(a) Each defensive position (trench, trees, etc.) should accommodate at least four (4) men.

(b) Terrain should provide good observation capabilities and good field of fire.

(c) Primary defensive perimeter positions must allow defenders to fire and protect from observation, direct, and indirect fire. Specifically, they must afford:

(1) Cover (detailed information available in Army FM 21-75 combat skills).

(2) Must be strong enough to protect from small arms fire, and fragments.

(3) Frontal cover should be:

a At least 18" thick to protect from small arms fire. Natural cover is best (trees, rocks, rubble).

b High enough to protect head.

c Far enough in front of trench opening to allow for elbow holes and sector stakes.

(4) When trenching:

a trenches should be long enough to afford cover and hide muzzle blast when firing to oblique.

b Dirt removed should be placed in sandbags and wetted down.

c Avoid disturbing natural foliage and other obvious landmarks.

d Put unused dirt from hole or trench behind position and camouflage it.

(5) Concealment - If position can be detected it can be hit.

a Position must be undetectable at short range.

b Natural undisturbed concealment is superior to man-made because it:

- Is already there.
- Will normally not attract enemy attention.
- Need not be replaced.
- Conceal position from aircraft.
- Locate under bush or tree or in building.
- Spread leaves, straw, or grass on floor of position to keep fresh earth from contrasting with surrounding ground.

3. Diagram/map perimeter defense plan.

(a) Identify fields of fire.

(1) Coordinate with collocated units (when part of a multi-unit perimeter) and with all other defensive positions within hospital perimeter.

(2) Clear of vegetation and other obstructions only to an extent that allows clear view and firing into sector.

(3) Don't clear too much.

(4) Leave a thin screen of vegetation to hide position.

(5) Clear out to range of available weapons.

(b) Develop a sector sketch of each position showing overlapping fields of fire and overall perimeter manning.

(1) Assign a smaller sector to the position covering the most likely avenue of approach.

(2) Each fire sector must overlap flanking fire sectors.

(3) Under normal visibility conditions:

a Each position is assigned a fire sector and a

principal direction of fire.

b Coordinate sector limits with easily visible landmarks drawn on sector map.

c Ensure that each sentry is acutely aware of sector overlap limits.

d Under limited visibility conditions, physical restraints must be constructed to limit sector overlaps. The most common restraints are sector and/or aiming stakes.

e Sector stakes are normally tree limbs cut 18" or more in length, placed at right and left limits of the firing position to define sectors of fire.

f Aiming stakes are normally short, forked tree limbs, 12" long, that serve as a weapon platform.

g They are installed to permit blind firing toward high threat targets and consist of multiple forward stakes upon which to rest the weapon barrel and a single rear reference stake to locate stock position.

h Targeting is accomplished by positioning the stock at the reference stake and moving the barrel from forward stake to forward stake.

#### 4. Lookout procedures.

##### (a) Daytime, two-step technique.

(1) Quickly scan entire sector, looking for obvious targets, unnatural colors, outlines, or movements. Begin in area immediately in front of lookout position; then scan outward to maximum assigned range.

(2) Conduct in-depth scanning overlapping 50 meter wide strips, alternating from left to right, and right to left until entire sector is searched.

##### (b) Nighttime techniques.

(1) Focus attention on an object but look slightly away from it.

(2) Move eyes in short, abrupt and irregular movements around object, pausing a few seconds after each move.

**TAB C-3**

**ARMORY PROCEDURES**

- A. **PURPOSE:** To publish standard operating procedures and desk top procedures for hospital armory and ordnance personnel.
- B. **DEFINITION:** Operations involving security of weapons and ordnance, maintenance, storage, issue, and recovery of ordnance items.
- C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Forms.

<u>FORMNUMBER</u>	<u>TITLE</u>
NAVMC 10576	Memorandum receipt for individual weapons and accessories.
NAVMC 10520	Weapons custody receipt.
NAVMC 1018	Inspection/Repair Log.
NAVMC 10359	Ordinance serialized item/rounds fired data card.
NAVMC 11052	Calibration control card.

2. Supplies.

- (a) Rifle cleaning kit.
- (b) Pistol cleaning kit.
- (c) Lubricating oil.
- (d) Cleaning patches.
- (e) "Break-free" cleaning solvent.

3. Publications.

- (a) OPNAVINST 5530.13.
- (b) SECNAVINST 5500.4D.

D. **GENERAL INSTRUCTIONS:**

1. In accordance with OPNAVINST 5530.13, Commanding Officers

are responsible for adequately safeguarding all weapons and ordnance items within their command. Any missing, lost, or stolen items must be promptly reported in accordance with SECNAVINST 5500.4D.

2. All portable ordnance items are particularly vulnerable to theft, therefore strict security must be maintained to prevent their loss. The greatest concern, however, is for the security of those items that are an immediate threat to life and the preservation of law and order if in the hands of persons with malicious intent or unlawful purposes. These specific items include, but are not limited to, rifles, pistols, shotguns, machine guns, and ammunition for these weapons. When included in the hospital armory, hand grenades, mines, rockets, and other explosives and pyrotechnics must be afforded the same degree of security and control.

3. Personnel in receipt of individual weapons and other government owned ordnance will be responsible to insure that these items are safeguarded and properly maintained at all times.

4. Weapons will be issued only to authorized personnel for official purpose only. When the official requirement no longer exists, the weapons will be returned to the armory for safekeeping.

5. Weapons and ordnance will not be removed from the Fleet Hospital area except by written authorization of the Commanding Officer.

6. Weapons being transported from one location to another on the hospital grounds will be moved only under the constant surveillance of an armed escort.

E. **STANDARD OPERATING PROCEDURES:**

1. The hospital Security Officer is assigned as the Command Ordnance Officer and is responsible for the overall security and operations of the hospital armory.

2. The Petty Officer in Charge of the armory is responsible for the security of all weapons and ordnance items stored in the hospital armory and for the day-to-day operations of the armory.

3. OPNAVINST 5530.13 sets forth the requirements and minimum standards for accountability, and special security of weapons and ordnance.

4. SECNAVINST 5500.4D prescribes the procedures for reporting missing, lost, or stolen property.

5. The provisions of SECNAVINST 5500.4D and OPNAVINST 5530.13 are applicable to all personnel of the Fleet Hospital and will be strictly enforced.

6. The Fleet Hospital armory is designed to afford limited access. Only personnel granted access by the Commanding Officer, in writing, will be granted access to the armory. The approved access list will be prominently displayed in the armory. Personnel not on the access list who require entry to the armory will be escorted by either the Commanding Officer, Executive Officer, hospital Security Officer, or the Petty Officer in Charge of the armory at all times while in the armory.

7. All weapons that are not actually issued to a specific individual, in use, or undergoing repair at another facility will be stored in the armory at all times.

8. At no time will weapons be left unattended in the Fleet Hospital area. All weapons will be stored in the armory when not in the immediate possession of the individual to whom the weapon has been issued.

9. Issue and recovery of weapons.

(a) Individual weapons will be issued and recovered from authorized individuals using NAVMC Forms 10576 and 10520. NAVMC 10576 (Memorandum Receipt for Individual Weapons and Accessories) will serve as the issue and recovery document. NAVMC Form 10520 (Weapons Custody Receipt) will serve as the Commanding Officer's authorization to draw a particular weapon from the armory.

(b) All individuals authorized to draw weapons from the hospital armory will be issued a NAVMC Form 10520 signed by the Commanding Officer.

(c) Personnel who are drawing weapons from the armory will present proper identification. Proper identification includes an Armed Forces Identification Card and a NAVMC 10520. Positive identification must be made in each case when a weapon is being drawn out or returned to the armory. After positive identification has been made, the individual will surrender the NAVMC 10520 to the armorer who will execute a NAVMC 10576 and issue the appropriate weapon.

(d) When the weapon is returned to the armory, the armorer will check the weapon for cleanliness, safety, and proper working order, verify the serial number, and return the NAVMC 10520 along with a copy of the NAVMC 10576 to the individual. He will then secure the weapon in the armory.

(e) When an individual who has been issued a NAVMC 10520 is authorized to be temporarily absent from the hospital for periods of leave, TAD, etc., the NAVMC 10520 will be surrendered to the Armorer for custody until the individual returns to the command. When the individual is permanently transferred from the Fleet Hospital command the NAVMC 10520 will be surrendered to the Armorer and destroyed.

(f) Individual members will promptly report the loss of a NAVMC 10520 as soon as the loss is discovered. A statement of loss will be completed by the individual and endorsed by the individual's Department Head indicating what action is recommended. The statement of loss will be maintained in the armory for one year.

(g) NAVMC Forms 10576 and 10520, when filled out will be afforded the same security as the weapons they represent.

#### 10. Visual check and weapons count.

(a) A visual check and weapons count will be accomplished at the beginning and ending of every day that the armory is in operation. The Petty Officer in Charge of the armory will review the count, assure its accuracy, and report any discrepancies to

the hospital OOD, and the hospital Security Officer.

(b) A complete serialized inventory will be conducted each month by the hospital Security Officer. The weapons inventory will be maintained for two years.

(c) After having been opened, the armory will not be secured until after all weapons have been accounted for. In case a weapon cannot be accounted for, the hospital Security Officer will be notified. If the hospital Security Officer cannot locate the weapon, he will notify the Commanding Officer. The Commanding Officer may direct that a Missing, Lost, or Stolen Weapons Report be filed in accordance with SECNAVINST 5500.4D. The Commanding Officer will decide if the armory should remain open or closed dependent upon his assessment of the threat to the command.

#### 11. Weapons maintenance.

(a) The cleaning of individual weapons will be the primary responsibility of the individual to whom the weapon has been assigned. Stock weapons will be cleaned and maintained by the armory personnel.

(b) All weapons will be cleaned prior to storage in the armory without regard to individual circumstances. If an Armorer accepts a dirty weapon from an individual it will become the Armorer's

responsibility to clean the weapon before storing it in the armory.

(c) Each weapon will be cleaned at least monthly. The Armorer will maintain a roster of weapons and the cleaning schedule. A list of personnel failing to maintain the cleanliness of their individually assigned weapon will be submitted to the Commanding Officer for action on the first day of each month.



**TAB C-3**

**APPENDIX A**

**GUARD ORDER FOR DUTY ARMORER**

1. The Duty Armorer will be designated daily by a roster drawn up by the POIC of the Armory.
2. The Duty Armorer will be responsible for the morning open up and taking inventory before any weapons are issued. Any discrepancies will be reported and the POIC will be notified. In the event of his absence the hospital Security Officer will be notified. No weapons will be issued until all discrepancies are corrected or until directed by the Executive Officer.
3. The Duty Armorer will be armed with a Cal .45 M1911A1 pistol and two magazines with five rounds each. When under arms, a loaded or, unloaded magazine will not be inserted into the weapon unless there is positive intent to use deadly force.
4. The Duty Armorer will be aware of the meaning of deadly force as defined in SECNAVINST 5500.29A.
5. The Duty Armorer will take charge of the security of the hospital armory when it is used during normal working hours.
6. The Duty Armorer will check ID cards of all visitors who require entry into the hospital armory.
7. The Duty Armorer will not be assigned to any other duty during his watch.
8. The Duty Armorer will obey all general orders.
9. The oncoming (next working day) Duty Armorer will relieve the current Duty Armorer for the noon meal.
10. The Duty Armorer will take a closing inventory to ensure all weapons are accounted for. Before locking the armory door, he will call the OOD for permission to close the armory, lock keys in key box in the OOD's office, and turn inventory into the OOD.
11. The Duty Armorer will go to chow from 1100 to 1130.

**TAB C-3**

**APPENDIX B**

**INSTRUCTIONS FOR PREPARING NAVMC 10576  
(MEMORANDUM RECEIPT FOR INDIVIDUAL WEAPONS AND ACCESSORIES)**

Complete individual lines of NAVMC 10576 as described below:

1. Individual recipient's name, rank, and social security number.
2. Organization to which recipient is assigned.
3. Weapon rack number.
4. Recipient's work location.
5. Date weapon is issued.
6. Quantity issued to individual.
7. Individual's initials to verify accuracy.
8. Serial number of weapon.
9. Quantity of accessories issued to individual.
10. Recipient's initials to verify accuracy.
11. Must be filled out if weapon is issued.
12. Must be filled out if weapon is recovered.
13. Date 10520 is issued.
14. Recipient's signature to acknowledge receipt of initialed items.
15. Recipient's name, rank, and social security number.

**TAB C-3**

**APPENDIX C**

**INSTRUCTIONS FOR PREPARING NAVMC 10520  
(WEAPONS CUSTODY RECEIPT [WCR])**

Complete individual lines of NAVMC 10520 as described below:

1. Organization to which recipient is assigned.
2. Recipient's name, rank, and social security number.
3. Signature of recipient's Commanding Officer. No one other than the Commanding Officer may sign this card unless provided "By Direction" authority.
4. Enter the nomenclature of the weapon assigned. (NOTE: When a combination of weapons is issued such as the M203/M16A1, enter both nomenclatures.)
5. Enter the serial number(s) of the weapon(s) being issued.
6. Enter the rack number assigned to the weapon.
7. When an individual is checking out of the unit, this card will be recovered, and destroyed.

TAB C-3

APPENDIX D

STATEMENT OF WEAPONS/ORDNANCE LOSS

DATE: \_\_\_\_\_

From: \_\_\_\_\_

(Name: Last, First, MI.) (Rank/Rate (SSN)

To: COMMANDING OFFICER, FLEET HOSPITAL \_\_\_\_\_

(Number)

Via: 1. Petty Officer In Charge, Hospital Armory  
2. Fleet Hospital Security Officer  
3. Head, \_\_\_\_\_ Department

Subj: LOST WEAPONS CUSTODY RECEIPT (NAVMC 10520)

1. On this date I lost my weapons custody card for weapon \_\_\_\_\_  
rack # \_\_\_\_\_ (serial #)

2. Circumstances of  
loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. It is requested that I be issued a replacement card. It is understood that if the lost card is recovered I must return it to the armory for destruction as soon as it is located.

(Signature) \_\_\_\_\_

**TAB C-3**

**APPENDIX E**

**WEAPONS/ORDNANCE INVENTORY TRANSMITTAL**

From: PETTY OFFICER IN CHARGE, HOSPITAL ARMORY

To: COMMANDING OFFICER, FLEET HOSPITAL

Via: HOSPITAL SECURITY OFFICER

1. \_\_\_\_\_, certify that the following inventory represents a sight count of the weapons assigned to the Fleet Hospital armory and that the inventory is correct.

DATE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

## WEAPONS/ORDNANCE INVENTORY

[illegible]

**TAB C-3**

**APPENDIX F**

**INSTRUCTIONS FOR PREPARING NAVMC 1018 (INSPECTION/REPAIR TAG)**

A. Complete individual lines of NAVMC 1018 as described below:

1. Enter the date of initial inspection.
2. Enter the ERO number.
3. Enter the name of the parent unit to which the weapon is assigned.
4. Enter the nomenclature of the item.
5. Enter the serial number of the item.
6. Second echelon ERO number evacuate to higher echelon.
7. Enter the appropriate condition code.
8. Enter the list of repairs/modifications required.
9. Enter echelon doing repair.
10. Enter the unit of the inspector if different from the owning unit.
11. Enter the action required or taken.
12. Print name and rank of inspector, and the signature.
13. Enter the list of repairs/modifications completed.
14. If all required MOD's have been applied, check the block, and initial in the block provided.
15. Enter whether or not gun book entries have been made if applicable.
16. If the item is a secondary repairable or an optics piece, enter if consideration has been given to place it in a protective container to prevent damage enroute.
17. Enter the appropriate remarks. Enter the final condition code.

18. Print the rank and name of the QC or final inspector.

19. Affix a signature and enter the date of the final inspection.



**TAB C-3**

**APPENDIX G**

**INSTRUCTIONS FOR PREPARING NAVMC 10359**

**(EQUIPMENT CUSTODY RECORD)**

A. Complete individual lines of NAVMC 10359 as described below:

1. Responsible unit. Enter the organization to which the individual receiving the item of equipment is attached and the phone number where the individual can be contacted.

2. Authority. Enter the authority which directs the use of the equipment.

3. Date. Enter the date of the actual transaction.

4. Voucher. Enter "Temp Loan."

5. Increase/Decrease. Leave blank.

6. Balance. Enter the quantity of items to be issued.

7. Remarks. Enter "to be returned NLT and date."

8. Signature. Enter the receiving individual's complete name and SSN, neatly printed allowing space for the signature.

9. Description. Enter the complete nomenclature of the item being issued.

10. Control Number/Stock Number. Enter the equipment TAM number in the "Control Number Space" and the NSN in the "Stock Number" space.

11. Allowance/Account Number. Leave blank.

12. Record of Serial/USMC registration number. On the reverse side of the NAVMC 10359 card put the serial number(s) of the equipment being issued.

**TAB C-3**

**APPENDIX H**

**INSTRUCTIONS FOR PREPARING NAVMC 1017  
(MODIFICATION CONTROL RECORD)**

A. Complete individual lines of NAVMC 1017 as described below:

1. A modification control record will be prepared for each major item of T/E or special allowance equipment for which a modification instruction has been issued. Modification instructions on components/secondary reparables will be indicated on the record for the end item.

2. Determine the equipment nomenclature, TAM number, and ID number using NAVMC 1017; enter this information in the appropriate blanks on form.

3. Enter the serial numbers of the organic equipment held. (The quantity of equipment may require preparation of multiple sheets for given type of equipment.) Information on unserialized equipment can be maintained by quantity only unless local serial numbers are assigned.

4. Using the current edition of the SL-1-2 and TI-5600, determine the MI's which apply to the equipment. List on the control record all MI's which are applicable.

5. Determine the MI category (urgent or normal). Enter N for normal and U for urgent.

6. Determine the required completion date. The required completion date:

(a) Is one year from the date of issue of normal MI's unless otherwise indicated.

(b) Is found in the time compliance period paragraph of the MI. If the urgent MI does not have a time compliance paragraph upon receipt enter N/A for the required completion date.

7. Enter the appropriate action code as follows, and the Julian date the action was completed for action codes NA, C, and V on the maintenance section control record.

(a) N/A (Not Applicable). Since some MI's only apply to specific serial numbers, Action Code NA will identify those items to which the MI does not apply.

(b) PR (Publication Required). This code is used to identify those MI's which the unit requires the publication in order to verify/complete the modification. Indicate the document number for required publications in "remarks."

(c) AR (As Required). This code is used to identify those MI's for which apply to an item when the equipment requires a specific repair action, such as fifth echelon MI's for rebuild, contact team application or when specific component is repaired/replaced.

(d) C (Completed). This code identifies equipment modified while in custody (on the properly records) of the unit.

(e) V (Verified). This code indicates that prior application of the modification has been verified (utilized normally upon initial receipt of the equipment).

(f) ERO. The ERO number will be used to identify those items which have been identified as requiring modification. It indicates a modification has been requested on the ERO from the maintenance facility, and the equipment is waiting to be modified.

8. The remarks column may be used to provide amplifying information on a specific MI or serial number. Some examples are: document numbers, indication of the sec-rep the modification is applicable, and to non availability of an item.

9. Use a pencil to record those entries of a temporary nature. Included in this category are instructions which apply to secondary reparable components; remarks; and Action Codes PR, AR, and ERO. Use ink for all other entries.

**TAB C-3**

**APPENDIX I**

**INSTRUCTIONS FOR PREPARING NAVMC 11003  
(ORDNANCE SERIALIZED ITEM/ROUNDS FIRED DATA CARD)**

- A. Complete individual lines of NAVMC 11003 as described below:
1. Enter the item name, (rifle, 5.56mm).
  2. Enter the model number of the item, (M16A1, M1911A1, etc).
  3. Enter the rack number assigned the weapon/equipment.
  4. Enter the manufacture's name.
  5. Enter the serial number of the equipment.
  6. Enter the NSN of the equipment.
  7. Enter the ID number of the equipment.
  8. Enter the unit to which the equipment is assigned.
  9. Enter the name (last, first, and middle initial) of the individual to whom the equipment is issued.
  10. Enter the date that the equipment was issued.
  11. Enter the date that the equipment was recovered.
  12. Enter any remarks concerning the equipment or the transaction.
  13. Enter the the total rounds fired from previous card.
  14. Enter the previous dates the weapon was fired.
  15. Enter the total rounds fired on that date.
  16. Enter the total quantity of rounds fired through the weapon.
  17. Enter the total rounds fired from previous column.
  18. Enter remarks such as LTI's, dates the barrel was changed, date weapon was stolen or lost.

**TAB C-3**

**APPENDIX J**

**INSTRUCTIONS FOR PREPARING NAVMC 11052  
(CALIBRATION CONTROL CARD)**

A. Complete individual lines of NAVMC 11052 as described below:

1. Item: Enter the nomenclature of the item.
2. Serial Number: Enter the serial number of the item if serialized.
3. Identification Number: Enter the ID number of the item that requires calibration.
4. NSN: Enter the NSN of the equipment.
5. Location/Component: Enter the location (armory) and whether or not it is a component of another piece of equipment and the name of that equipment.
6. Enter the date that calibration is due.
7. Enter the date that calibration was performed on equipment.
8. Enter any pertinent information that concerns the use or the calibration of the instruments.

TAB C-4

SECURITY OPERATIONS

A. **PURPOSE:** To develop a plan of operations for the security division.

B. **DEFINITION:** Operations include planning and execution of all security functions within and exterior to the Fleet Hospital.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Vehicles.
2. Weapons.
3. Communications equipment.
4. Personal watchstanding gear.

D. **CRITERIA:**

1. The Security Division of the hospital will provide:

(a) Continuous security to the hospital from time of mobilization to closing of hospital.

(b) Hospital security will coordinate with higher headquarters and co-locate units to best utilize available manpower and assets.

E. **STEPS:**

1. Mobilization.

(a) The Security Officer will ensure that the following has been accomplished prior to or at mobilization.

(1) All weapons have been delivered to hospital or are identified as available prior to movement to establish the hospital.

(2) All support equipment such as vehicles, radios, locks, concertina wire, signs, etc., are available.

(3) Security personnel from all echelons have been briefed and rehearsed in their duties.

2. Air Detachment.

The air detachment security will:

(a) Clear and secure area of operations and establish liaison with adjacent and supporting commands. NOTE: Depending on the tactical situation and location, support forces already established in the area may be required.

(b) Establish perimeter defensive positions to protect air detachment and arrival of advance party.

(c) Lay out locations of outpost, bunkers, and road blocks.

(d) Brief advance party as to current and expected security problem areas.

### 3. Advance Party.

(a) Will construct the following:

(1) Foxholes and bunkers.

(2) Perimeter barrier fence of concertina wire if adequate supplies are available.

(3) Concertina wire around sensitive areas.

(b) Secure all entrances and exits to compound with wire, road blocks, and guards.

(c) Establish security communications system.

(d) Post signs marking secure and restricted areas as well as traffic control signs.

(e) Initiate watchstanding.

(f) Security officer will notify Commanding Officer when security watch has been set.

(g) Equipment is uncrated, inspected, and inventoried upon receipt.

(h) Stock all security areas with supplies.

### 4. Watchstanding.

(a) Advance party.

(1) Watchstanders will be briefed upon arrival by air detachment security.

(2) Watch bill will be developed based on information from air detachment.

(3) Advance party will brief main body on conditions upon their arrival.

(4) Watchstanding gear will be drawn prior to each watch from security spaces.

(b) Special operations.

(1) Procedures should be established as soon as possible to handle special tasks such as escort, patient guarding, litter teams, psychiatric patient assistance, air and ground ambulance loading and unloading. Special operations available will be made known to all sections of the hospital.

(2) The reaction force will be organized and trained to meet site specific requirements and rehearsed as soon as requirements are known.

(c) Communications.

(1) Communications will be established by radio and land line within security division and to all areas of hospital operations. The following will be considered when communicating.

a The communication van will be the communications control center for the hospital.

b Security personnel will understand the operations of communications equipment and practice proper procedure.

c A routine brevity code should be established to limit time on air.

d Proper authentication will be utilized when required.

e Maintenance of equipment will be coordinated with communications sections.

f If possible frequencies dedicated to security will be obtained.



g Security personnel will know and recognize visual arm and hand signals.

h Communications shall be installed to allow rapid and timely simultaneous communications to all key posts.

i Superiors should be able to be rapidly notified in the event of problem situations.

j More than one system of communication should be dedicated.

k Security for classified materials will be provided when requested through the Security Officer.

## 5. Watchstanding.

(a) Watchstanding and operations of security forces will be conducted as follows:

(1) Adequate manpower will be assigned or attached from other sections to meet security mission.

(2) Maximum use of each hospital section performing it's own internal security will be accomplished.

(3) Methods of obtaining prompt assistance from security will be published and posted in each section.

(4) Security personnel will not perform non-security duties unless ordered by the Security Officer.

(5) Each guard will carry a flashlight at night.

(6) Guards will report their presence at pre-determined key locations within the hospital.

(7) Visitors will be requested to present some verifiable form of identification when entering hospital complex.

(8) Visitor arrivals and departures will be recorded in a visitor log.

(9) Materials in shipping containers and warehouse areas will be properly arranged to provide adequate inspection and lighting.

(10) Guard assignments and patrol routes will be varied at

frequent intervals to avoid establishing routine.

(11) General and specific orders will be clearly posted at posts and security spaces. Guards will be expected to know the general and specific orders.

(12) All guard orders will be reviewed periodically to ensure applicability.

(13) Patient valuables/weapons storage and return will be coordinated with patient administration.

## 6. Vehicles.

(a) Security vehicles will be drawn from motor pool and remain in possession of security unless authorized by security officer.

(b) Vehicles will have preventive maintenance performed daily per operator manual.

(c) Problems related to vehicles will be referred to motor pool and a substitute vehicle arranged for.

(d) All accidents will be reported immediately to security senior watchstander.

(e) Prior to each watch the driver will check the following on assigned vehicle:

(1) General condition.

(2) Air, oil, and water.

(3) Brakes.

(4) Full fuel tank.

(5) Proper log; correctly filled out.

(f) Each vehicle will have a radio mounted or carried in it.

(g) Vehicles will be turned over to the motor pool at their request for regular servicing.

## 7. Operations.

(a) The air detachment security will:

(1) Perform reconnaissance of area of proposed hospital site for enemy activity.

(2) Notify air detachment command if area clear.

(3) If area not clear, notify detachment commander of type, and reaction to threat or danger.

(4) Take action as directed by senior officer/petty officer if enemy threatens air detachment.

(b) The advance party security will:

(1) Operate security.

(2) Review the watch bill and know assignments.

(3) Conduct security communications.

(4) Set up special operations as directed by Commanding Officer and Security Officer.

(5) Operate vehicles.

(c) MAA Forces will:

(1) Respond to psychiatric emergencies within five minutes.

(2) Conduct investigations, document and identify missing organic equipment, missing organic supplies, and stolen personal gear.

(3) Establish patient search teams to search each patient upon admission and prior to evacuation.

**TAB C-5**

**CASUALTY WITH UNEXPLODED ORDNANCE EMBEDDED**

A. **PURPOSE:** To provide guidance in admitting, processing, and treating a casualty who has unexploded ordnance embedded in a body part.

B. **DEFINITION:** An explosive device (most often from a rifle grenade fired at close range) which has not traveled sufficient distance for fuse detonation and explosion, and is embedded in the body of a casualty.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

Sandbags.

D. **CRITERIA:**

1. Sandbags will be stored outside Casualty Receiving Area.
2. Ordnance removed from the casualty's body without detonation.
3. Ordnance removed from the hospital environment without detonation.
4. Ordnance disposed of safely.

E. **STEPS:**

1. Prepare sandbags.
  - (a) Casualty Receiving Senior Corpsman is responsible for filling bags with sand and storing bags in a sheltered area outside Casualty Receiving.
  - (b) Prepare sandbags when setting up area.
2. Care of casualty with unexploded ordnance.
  - (a) Place casualty in area removed from other casualties and personnel.
    - (1) Keep casualty outside, if possible.
    - (2) If inside, stack sandbags around the casualty.
    - (3) Have absolute minimum of personnel near casualty.

(b) Call Security and have them summon an explosive ordnance disposal expert.

(c) Upon determination of what the ordnance is, take additional safety precautions as determined by the attending surgeon in conjunction with the explosive ordnance disposal expert.

(d) Prepare casualty for removal of ordnance as soon as practicable. If in the OR, stack sandbags around the casualty and immediate operating personnel. All other personnel remain outside the perimeter of sandbags.

(e) Tag inpatient record chart to alert other personnel to the presence of unexploded ordnance prior to transfer from initial intake point.

(f) After removal of the unexploded ordnance, give it to the explosive ordnance disposal expert, who will then dispose of the ordnance in a safe and appropriate manner.

F. **RESPONSIBILITY:**

1. Casualty Receiving Senior Corpsman.
2. Admitting clerk.
3. Surgeon.
4. Explosive ordnance disposal expert.

TAB C-6

PROCEDURES FOR HANDLING  
EXPATRIATED PRISONERS OF WAR

A. **PURPOSE:** To detail handling procedures for expatriated prisoners of war within the Fleet Hospital.

B. **DEFINITION:** Expatriated prisoners of war (EPW) - those patients who require treatment who are prisoners of the U.S. or allied combat forces.

C. **EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:**

1. Restraints (Theater Command Military Police or hospital issue).

2. Others as specified in admission procedures. All forms will be marked with the words "Prisoner of War" or "EPW".

D. **STEPS:**

1. Security will be notified of admission of EPW by Casualty Receiving. Report admission of EPW as follows:

(a) Theater Command Military Police (MP) headquarters.

(b) Executive Officer.

(c) Director of Nursing.

(d) Director of Administration.

2. Security will be notified of movement of EPW from functional area to new area.

3. Inform MP that custody of patient will not be assumed by hospital staff and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff of patient is transferred to EPW holding center (external to hospital).

4. Admission packet/patient records will be hand carried to next charge nurse or department head.

5. During course of treatment patient will be guarded by MP and/or restrained until treatment terminated.

6. Movement to another functional area will be reported to Security.

7. EPWs will be fed either on ward or in general mess. If allowed to eat in general mess, EPW will be accompanied by MP guard.

E. **RESPONSIBILITY:**

CMAA/Security.

**TAB D**

**STANDARDS AND JOB DESCRIPTIONS**

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**TAB D-1**

**SECURITY OFFICER JOB DESCRIPTION**

The Head, Operating Management Services Department is assigned Security Officer.

THE SECURITY OFFICER WILL:

1. Advise Commanding Officer of intelligence issues and security needs of the hospital.
2. Manage all aspects of Security Division.
3. Insure Security Supervisors and Guard Supervisors are trained in Master-at-Arms functions.
4. Coordinate, at the staff level, security and intelligence matters with CINC, and other units in area.

QUALIFICATIONS:

1. Weapons qualified in M-16 Rifle and 45 Caliber Pistol.
2. Training in intelligence and operations planning.
3. Proficient in radio telephone procedures.

## TAB D-2

### SECURITY SUPERVISOR JOB DESCRIPTION

Duties will be shared by Security Supervisor billet (E-8) AM watch and Guard Supervisor (E-7) who will be designated Security Supervisor for PM watch. Both are under direct supervision of Head, Operation Management Services Department (Security Officer). These billets are, in practice, the Security Managers.

#### THE SECURITY SUPERVISOR WILL:

1. Command and control all Security Watchstander stations, including mobile patrols, from the security control center located in MAA spaces.

2. Directly supervise functions of Guard Supervisors, directing their management of Security Watchstanders.

3. Operate security radio and telephone network.

4. During assembly of hospital, require that weapons racks be assembled, and kept in security spaces. Storage and issue of all weapons and ammunition will be accomplished by Security.

5. Issue equipment to Guard Supervisors.

6. Supervise administrative functions of division.

(a) Maintain watchbill.

(b) Perform all tasks assigned by Security Officer.

7. Debrief Guard Supervisor at end of watch.

8. Prepare daily report of events to be forwarded to Security Officer by 0700 next day (PM watch responsible).

#### QUALIFICATIONS:

1. Small arms qualification.

2. Self defense/Police tactics training (MAA Rate Training).

3. Proficient in radiotelephone procedures.

## TAB D-3

### GUARD SUPERVISOR JOB DESCRIPTION

The Guard Supervisors work directly for Security Supervisors who are stationed in Security Control. The Guard Supervisors are the field supervisors and are responsible for controlling all security post activities. They function in two areas:

1. Two Guard Supervisors have primary responsibility for mobile patrol of perimeter and hospital interior. If situations dictate, an additional two-man Guard Supervisor patrol will be added to cover increased threat. (TEAMS A, B, C, D, see Staffing Pattern #2.)

2. The Guard Supervisors, at a minimum, accomplish the following:

(a) Obtain briefing from Security Supervisors when assuming the watch.

(b) If supported by a Security Watchstander, take charge of, and assign support duties as part of patrol team (e.g., foot patrol of berthing spaces, etc.).

(c) Respond to calls for assistance.

#### QUALIFICATIONS:

1. Small arms qualification.
2. Marshall arts/police tactics (MAA Rate Training).
3. Marine NCO Leadership School.
4. Radiotelephone procedures. .

## TAB D-4

### ARMORER JOB DESCRIPTION

Armorers report to Security Supervisor of the watch. In addition to primary armory, duties may be assigned security patrols/watches.

#### THE ARMORERS WILL:

1. Store weapons and ammunition in separate secure areas. Maintain weapons control logs (organic, friendly patient, EPW/CI). (See TABs F-7, F-8, and F-9.)
2. Maintain all weapons in safe operating condition.
3. Issue weapons as directed by Security Officer.
4. Issue ammunition as directed by Security Officer.
5. Ensure safe weapons handling by hospital personnel by conducting regular re-familiarization firing.
6. Submit requests for ammunition re-supply and weapons replacement to Security Supervisor.
7. Collect all weapons arriving at Casualty Receiving.
8. Remove and clear collected weapons.
9. Store enemy and friendly patient's weapons in separate areas.
10. Stand mobile or fixed security watches as directed by Security Supervisor.

#### QUALIFICATIONS:

1. Small arms firing qualified.
2. Repair and maintenance of small arms as designated in GMG Rate training.
3. Perimeter defense and sentry duty.

**TAB D-5**

**SECURITY WATCHSTANDER JOB DESCRIPTION**

Security Watchstander will work directly under the control of Guard Supervisor of the watch. Normal assignments include:

1. Perimeter defense rifleman/listening post.
- 2.\* Entry point control/checkpoint guard.
3. EPW's, C.I. escort throughout hospital spaces.
- 4.\* Foot patrol for increased internal security as directed.
5. Security reinforcement to watchstanders.
- 6.\* Weapons guard, collector.
- 7.\* Litter bearer.
- 8.\* Runner.

QUALIFICATIONS:

1. Small arms firing qualified.
2. MAA Rate requirements.

\* Indicates primary responsibilities. All others will be as required by situation.

**TAB E**

**REFERENCES**

**INDEX**

<u>NUMBER</u>	<u>REFERENCE NUMBER</u>	<u>TITLE</u>
E-1	BUMEDINST 6320.49A	Security of Prisoner Patients
E-2	NAVFACINST 3440-14A	Disaster Preparedness Ashore; Nuclear, Biological and Chemical Warfare Functional Teams
E-3	OPNAVINST 3440-16	Navy and Marine Corps Disaster Preparedness Manual
E-4	OPNAVINST 5530-11	Enemy Prisoner of War and Civilian Personnel Communications Censorship
E-5	NAVMED P5041	Treatment of Chemical Agent Casualties and Conventional Military Chemical Casualties
E-6	NAVMED P5046	Medical Management of Casualties in Nuclear Warfare
E-7	NAVMED P5059	NATO Handbook on the Medical Aspects Of NBC Defensive Operations
E-8	NAVEDTRA 10899B	Disaster Control
E-9	NSO P6064	United States Court Martial Manual
E-10	NAVMC 2691A	U.S. Marine Corps Interior Guard Manual Army Manuals -Field Manuals (FMs)
E-11	FMS-3-12	Operational Aspects of Radiological Defense
E-12	FMS-3-87 (HTF)	Nuclear, Biological, and Chemical (NBC) Reconnaissance and Decontamination
E-13	FMS-5-15	Field Fortifications

E-14	FMS-5-20	Camouflage
E-15	FMS-19-4	Military Police - Combat Operations
E-16	FMS-19-3	Physical Security
E-17	FMS-19-40	Enemy Prisoner of War and Civilian Internees
E-18	21-26	Map Reading
E-19	FMS-21-3	Military Symbols
E-20	FMS-21-3	Topographic Symbols
E-21	FMS-21-4	NBC Defense
E-22	FMS-21-4	Individual Defense- NBC
E-23		Individual Defensive Training
E-24	FMS-21-6	Physical Signals
E-25	FMS-33-6	Guard Duty
E-26		Army Training Circulars (TC)
E-27	TC-7-5	Land Navigation
E-28	TC-21-26	Don't Get Lost
E-29	TC-44-30	Aircraft Recognition
E-30	GTA 3-5-13	Training for Ground Observers

**TAB F**

**FORMS**

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F-2		Priority Enemy Target	
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F-8		Patient Weapons Control	72
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F-10		Daily Report of Events	76
F-11		Key Control Roster	77



## ACCESS ROSTER

		Division	Access	Time	Guard
Name (L, F, MI,)	SSN	Assigned	Authority	In Out	Initial

[illegible]

**TAB F-5**

## MOBILE PATROL REPORTING LOG

[illegible]

**TAB F-6**

LEFT FACING PAGE

VEHICLE ID #	UNIT	DRIVER'S NAME/I.D.
--------------	------	--------------------

66

ARRIVAL		GUARD	DEPARTURE	GUARD
TIME	DESTINATION	I.D.	TIME	I.D.

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RIGHT FACING PAGE

71



LEFT FACING PAGE

WEAPON	WEAPON TURNED	DATE/TIME	SIGNED	RACK	
TYPE	NUMBER	IN BY	TURNED IN	RECEIVED BY	NO.

[illegible]

RIGHT FACING PAGE

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[illegible]

# DAILY REPORT OF EVENTS

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## KEY CONTROL ROSTER

[illegible]